MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-~~014~~432

STATE FILE NUMBER

Registration District No. 141 FILED APR 15 1963 Primary Registration District No. 3025 Registrar's No. ~~3025~~ 67

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
0465			
3340			
3			
4 1			
5 1			
6			
7 0			
8 0			
9443X			
10			
11			
125-0			
131-0			

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Howell
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: West Plains
Length of stay in 1b: hours
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: W.P. Memorial Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Douglas
c. CITY OR TOWN: Dora
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): R.F.D.
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First Florence Middle Cecil Last Johnson

4. DATE OF DEATH: Month April Day 4th., Year 1963

5. SEX: female

6. COLOR OR RACE: white

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 10-23-18

9. AGE (last birthday): 63 years
IF UNDER 1 YEAR: Months ___ Days ___
IF UNDER 24 HR: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Luna, Missouri

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Lee Robinson

13b. MOTHER'S MAIDEN NAME: Minnie Frazier

14. NAME OF HUSBAND OR WIFE: Thos. J. Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of):

16. SOCIAL SECURITY NO.:

17. INFORMANT Address: T.J. Johnson, Dora, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for a, b, and c.)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Massive cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Hypertensive cardiovascular disease — 1 yr
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a):

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 4/4/63 to 4/4/63 and last saw her alive on 4/4/63
Death occurred at 10:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): M.L. Fowler M.D.

22b. ADDRESS: West Plains, Mo.

22c. DATE SIGNED: 4-6-63

23a. BURIAL, CREMATION, REMOVAL (Specify): burial

23b. DATE: 4-7-63

23c. NAME OF CEMETERY OR CREMATORY: Sweeton Pond Cemetery

23d. LOCATION (City, town, or county) (State): Dora, Mo.

24. FUNERAL DIRECTOR ADDRESS: Robertsons West Plains, Mo.

25. DATE RECD. BY LOCAL REG.: 4-9-63

26. REGISTRAR'S SIGNATURE: Beatrice Cooke

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed D D Robertson

Licensed Embalmer No. 3432

P. O. Address West Plains, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.